

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XQQQ

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name	The time li	mit for cor	rectio	on of each violation is specified in the narrative portion of the	his report.			
The property   Stabilished Address (number and street, city, state, zip code)	Establishm	ent Name			Telephone Number			PERMIT#
#\$10 Charleting Re New Allows, IN 47150  Ower Correct Resolution Re New Allows, IN 47150  Ower Resolution Release Date 1. Routing 1.	1h 5,				812 444 5300			19-222
Owner R. Suchura  Owner's Address  2. Follow-up  Nording  1. Romitin  2. Follow-up  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  Amen' Obles  Responsible Person's E-mail  6. HACCP  7. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Other (list)  1. 2. 3 × 4. 5   Menul Type (Sive back of page)  1. Described by (Indiana)  Menul Type (Sive back of page)  Menul Type	Establishm	en Addre	ss (nu		77 7005	5/13/	20	11-202
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Personal Charge    A. Pre-Operational   S. Temporary	Owner s 71	uui voo			1	Summary of Violations:		
Responsible Person's E-mail  Responsible Person's E-mail  Certified Food Manager  Certified Food Manager  Control Galdes  (7/4/21)  Control Galdes  (Rection# C/NC R Natrative To Be Corrected By  To Be Corrected By  297  Colsend John John of Bulle is panching from hard under haild-up  Today  Colsend John Life for 1/4  Colsend John	Person in C	Charge			<b>1</b>	LONG 3 RI		
Responsible Person's E-mail  Certified Food Manager  To Man 1 Type (See back of page)  1 2 3 X 4 5  Certified Food Manager  To Man 1 Type (See back of page)  1 2 3 X 4 5  Certified Food Manager  To Man 1 Type (See back of page)  1 2 3 X 4 5  Certified Food Manager  To Man 1 Type (See back of page)  1 2 3 X 4 5  Certified Food Manager  To Man 1 Type (See back of page)  1 2 3 X 4 5  Certified Food Manager  To Man 1 Type (See back of page)  1 2 3 X 4 5  Certified Food Manager  To Man 1 Type (See back of page)  1 2 3 X 4 5  Certified Food Manager  To Man 1 Type (See back of page)	Tam	a O	kes		i -			
Certified Food Manager  Journic Orders (7/9/21)  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section# C/NC R  Natrative  To Be Corrected By  297  Je Obscred interior of house in the "summary of violations" and in the Narrative below as "R"  3/0  Juc Obscred interior of house in the interior of house in the house whe house when house whe house whe house whe house whe house when hous	Responsibl	e Person's	E-ma	il		Menu Type (See back of page)		
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